

CHAPTER 75-09.1-03
CLINICALLY MANAGED HIGH-INTENSITY RESIDENTIAL CARE -
ADULT ASAM LEVEL III.5

Section

75-09.1-03-01	Definitions
75-09.1-03-02	Provider Criteria
75-09.1-03-03	Program Criteria
75-09.1-03-04	Admission Criteria

75-09.1-03-01. Definitions.

As used in this chapter:

1. "Clinically managed high-intensity residential services" means a therapeutic community or residential treatment center that offers continuous observation, monitoring, and treatment by allied professional staff designed to treat clients who are not sufficiently stable to benefit from outpatient treatment no matter how intensive and who have significant psychological and social problems. A clinically managed high-intensity residential services program does not treat clients that exhibit acute intoxication or withdrawal problems also known as ASAM dimension one; biomedical conditions and complications also known as ASAM dimension two; or emotional, behavioral or cognitive problems also known as ASAM dimension three unless in a dual diagnosis program also known as ASAM level III.5 which requires the availability of twenty-four-hour medical or nursing interventions.
2. "Therapeutic community" means a treatment program characterized by reliance on the treatment community as a therapeutic change agent in which the goals of treatment are abstinence from substance use and antisocial behavior and affecting a global change in a client's lifestyles, attitudes, and values. The defining characteristics of such a client are found in emotional, behavioral, and cognitive conditions also known as ASAM dimension three and in the recovery environment also known as ASAM dimension six. For some clients, treatment must be considered habilitative rather than rehabilitative which addresses a client's educational and vocational deficits as well as socially dysfunctional behavior.

History: Effective October 26, 2004.

General Authority: NDCC 50-06-16, 50-31

Law Implemented: NDCC 50-31

75-09.1-03-02. Provider criteria.

A clinically managed high-intensity residential care program shall include:

1. Onsite, twenty-four hour per day clinical staffing by licensed counselors, other clinicians, and other allied health professionals such as counselor aides;
2. Specialized professional consultation; and
3. A residential program offered no less than seven days per week with the length of stay to be determined by the client's condition and functioning.

History: Effective October 26, 2004.

General Authority: NDCC 50-06-16, 50-31

Law Implemented: NDCC 50-31

75-09.1-03-03. Program criteria.

A clinically managed high-intensity residential care program shall include:

1. Daily clinical services which include a range of cognitive, behavioral, and other therapies in individual or group therapy and psychoeducation as deemed appropriate by an assessment and treatment plan;
2. Motivational enhancement and engagement strategies appropriate to the client's stage of readiness to change;
3. Counseling and clinical interventions to teach a client the skills needed for daily productive activity, prosocial behavior, and reintegration into family or community;
4. Random client drug screening to shape behavior and reinforce treatment gains as appropriate to the client's individual treatment plan;
5. A system for referral of a client for identified treatment needs if the service is not available in the program;
6. Family treatment services as deemed appropriate by an assessment and treatment plan; and
7. Educational, vocational, and informational programming adapted to individual client needs.

History: Effective October 26, 2004.

General Authority: NDCC 50-06-16, 50-31

Law Implemented: NDCC 50-31

75-09.1-03-04. Admission criteria.

Before a clinically managed high-intensity residential care program may admit a client, the client shall:

1. Meet diagnostic criteria for a substance dependence disorder of the DSM; and
2. Meet admission criteria for clinically managed high-intensity residential services also known as ASAM level III.5 in each of the six ASAM dimensions. Specifically, the client must:
 - a. Not be in need of detoxification from alcohol or drugs or have no signs or symptoms of withdrawal or withdrawal needs can be safely managed by the program;
 - b. Not have a physical condition or complication impacting immediate safety and well-being or requiring twenty-four-hour medical or nursing interventions and be capable of self-administering any prescribed medications;
 - c. Not have an emotional, behavioral, or cognitive condition or complication impacting immediate safety and well-being or requiring twenty-four-hour medical or nursing interventions unless the client is in a dual diagnosis program but may require a residential program because of sufficiently severe functional deficits to maintain abstinence or mental stability or both;
 - d. Have a low readiness to change as evidenced by a lack of awareness of the need for treatment characterized by active or passive resistance to treatment; marked difficulty understanding the relationship between the substance use and life problems; require a structured therapy and a twenty-four-hour programmatic milieu to promote treatment progress and recovery; or require repeated, structured motivational interventions delivered in a twenty-four-hour milieu;
 - e. Have a higher readiness to change but issues in other dimensions impair the client's ability to translate this into treatment progress and recovery;

- f. Have a high relapse, continued use, or continued problem potential as evidenced by the lack of recognition of relapse triggers or the lack of commitment to continuing care or both; the inability to control use of alcohol or other drugs or antisocial behavior with the attendant probability of harm to self or others; symptoms such as drug craving, difficulty postponing immediate gratification and other drug-seeking behaviors; or imminent danger of relapse with dangerous emotional, behavioral, or cognitive consequences because of a crisis situation; and
- g. Have a problematic recovery environment that makes recovery goals assessed as unachievable at a less intensive level of care as evidenced by a moderately high risk of physical, sexual, or emotional abuse; substance use so endemic that the client is assessed as unable to achieve or maintain recovery; a social network of regular users of alcohol or other drugs; a social network characterized by significant withdrawal and social isolation; living with an individual who is a regular user, abuser, or dealer of alcohol and other drugs; the inability to cope for even limited periods of time outside of twenty-four-hour care; a living environment characterized by criminal behavior, victimization, and other antisocial norms and values; or the need for staff monitoring before safe transfer of the client to a less intensive setting.

History: Effective October 26, 2004.

General Authority: NDCC 50-06-16, 50-31

Law Implemented: NDCC 50-31